

**CLARKSTON AREA YOUTH ASSISTANCE  
VIRGINIA WALTER'S CHILDREN'S FUND REQUEST**

**Mission Statement: To strengthen youth and families and to reduce the incidence of delinquency, abuse and neglect through volunteer involvement.**

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **ANNUAL INCOME \$:** \_\_\_\_\_ **MARITAL STATUS:** \_\_\_\_\_

**CHILD SUPPORT RECEIVED \$:** \_\_\_\_\_ **SOCIAL SECURITY RECEIVED \$:** \_\_\_\_\_

**NAME AND AGE OF CHILD(REN) IN NEED OF ASSISTANCE:** \_\_\_\_\_

\_\_\_\_\_

**NAME AND AGE OF OTHER CHILD(REN) IN THE HOME:** \_\_\_\_\_

\_\_\_\_\_

**PAST CAYA ASSISTANCE: FAMILY:** \_\_\_\_\_ **CHILD:** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

**AMOUNT REQUESTED \$:** \_\_\_\_\_ **REASON:** \_\_\_\_\_

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**NOTES:** \_\_\_\_\_

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**EXECUTIVE COMMITTEE INFO: DATE REVIEWED:** \_\_\_\_\_ **APPROVED** **NOT APPROVED** *Please Circle*

**EXECUTIVE COMMITTEE MEMBER SIGNATURE** \_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

**CAYA TREASURER INFO: PARENT NAME** \_\_\_\_\_ **CHILD NAME** \_\_\_\_\_

**APPROVAL AMOUNT \$:** \_\_\_\_\_ **PAYABLE TO:** \_\_\_\_\_

**INVOICE NO.:** \_\_\_\_\_ **CAYA CHECK NO.** \_\_\_\_\_